

AMENDMENT NO. _____

Signature of Sponsor

AMEND Senate Bill No. 2334*

House Bill No. 2527

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

by deleting the period at the end of the amendatory language in Section 51 and adding the following language and punctuation:

; provided, however, the board shall have no authority to regulate a health care professional subject to regulation by another health-related board.

AND FURTHER AMEND by deleting the language of Section 50 and by substituting the following language:

Section 50. Tennessee Code Annotated, Section 63-6-402(4), is amended by deleting the language of subdivisions (A) and (B), by relettering subdivision (C) as subdivision (B), and by adding the following language as a new subdivision (A):

(A) "Practice of respiratory care" means, under the supervision, control and responsibility of a licensed physician, the therapy, management, education and instruction, rehabilitation, diagnostic testing evaluation, and care of patients with deficiencies and abnormalities which affect the cardiorespiratory system and associated aspects of other system functions. The practice of respiratory care shall also mean, under the supervision, control and responsibility of a licensed physician, the performance of cardiorespiratory research, cardiorespiratory health promotion and disease prevention, and community wellness and education programs. The practice of respiratory care shall include, under the supervision, control and responsibility of a licensed physician:

(1) The administration of pharmacologic agents and medical gasses necessary to diagnose, implement treatment, promote disease prevention, and

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provide rehabilitation to the cardiorespiratory system. In no event, however, shall a respiratory care practitioner prescribe controlled substances of any kind;

(2) The performance of specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, patient and family education, monitoring, treatment, maintenance of patient health status, and cardiorespiratory research including but not limited to pulmonary function testing, hemodynamic and physiologic monitoring and diagnosis of cardiac function, and specimen collection and analysis;

(3) The establishment and maintenance of the airways, bronchopulmonary hygiene, and cardiopulmonary resuscitation, and cardiac and respiratory life support; and

(4) The receipt and implementation of written and verbal physician orders and the development and implementation of care plans and protocols.

The practice of respiratory care may be performed in an inpatient or outpatient setting, clinic, hospital, nursing home facility, private dwelling, or other place deemed appropriate or necessary.

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